

**EXHIBIT 200**

**MODEL LETTER ACKNOWLEDGING COMPLAINT ALLEGING  
NONCOMPLIANCE WITH 42 CFR 489.24 AND/OR THE RELATED  
REQUIREMENTS OF 42 CFR 489.20 INVESTIGATION NOT WARRANTED**

**(Date)**

Complainant Name  
Address  
City, State, ZIP Code

Dear **(Complainant Name)**:

We have reviewed the information you provided concerning **(hospital, city, State)**, and appreciate the interest you have shown in bringing this matter to our attention. Enclosed please find a copy of 42 CFR 42 CFR 489.24, Responsibilities of Medicare Participating Hospitals in Emergency Cases and related requirements of 42 CFR 489.20, for your information. Our responsibility is to assure compliance of Medicare participating hospitals with the health and safety requirements of the law.

We have not authorized any further investigation of your complaint. Our review did not find that the situation you describe indicates any violation of the law. Based on your individual situation, however, you may wish to consider the civil enforcement provisions of §1867 of the Social Security Act on an independent basis.

Thank you for taking the time to bring this matter to our attention.

Sincerely yours,

Associate Regional Administrator  
(or its equivalent)

Enclosure